## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Gochanour,

Serial No.: 09/110,987

Filed: July 7, 1998

Art Unit: 3724

Examiner: G. Bae

For: PROTECTIVE HAND COVERING AND DISPENSER APPARATUS

## <u>AMENDMENT</u>

Assistant Commissioner for Patents Washington, D.C. 20231

Dear Sir:

In response to the Office Action mailed October 25, 1999, please amend the above-referenced application as follows:

## IN THE SPECIFICATION

Page 16, lines 17 and 19, replace "52" with --51--;

line 18, replace "54" with --52--;

line 22, after "55" insert --on a member 58--.

## IN THE CLAIMS

1. (Twice Amended) A dispenser for a <u>roll of flexible stretchable film to be used as a hand</u> covering, the roll of film defining a central axis, and having first and second surfaces, with the first <u>surface including an applied adhesive</u>, the dispenser comprising:

a housing to receive [a] the roll of [flexible] film [defining a central axis, the film having first and second surfaces, the first surface including an applied adhesive];

280 N. OLD WOODWARD AVENUE, ST

400, BIRMINGHAM, MICHIGAN

ANDERSON & CITKOWSKI, P.C. 280





TC 3700 KAIL ROOM

Applicant(s): Gochanour								Docket No. GGG-10003/29				
		g Date 7, 1998		Examiner G. Bae			Group Art Unit 3724					
JAN 2 4 2000 %	TECTIV	E HAND COV	ERING AND DIS	PENSER .	APPARATUS							
TO THE ASSISTANT COMMISSIONER FOR PATE							<u>:</u>					
Transmitted hereviously	ity status y submitte statemer	of this applicaed. nt to establish	ition has been est Small Entity statu	tablished uses ander 37	under 37 CFR 1			rified s	statement			
CLAIMS AS AMENDED												
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST #		IMBER EXTRA		RATE		ADDITIO FEE			
TOTAL CLAIMS	12		20 =			x	\$9.0	00	1	\$0.00		
INDEP. CLAIMS	2	•	3 =		0	х	\$39.0	00		\$0.00		
Multiple Dependent Claims (check if applicable)									· · · · · · · · · · · · · · · · · · ·	\$0.00		
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT									·· · · · ·	\$0.00		
No additional fee is required for amendment.  Please charge Deposit Account No. in the amount of A duplicate copy of this sheet is enclosed.  A check in the amount of to cover the filing fee is enclosed.  The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No.  A duplicate copy of this sheet is enclosed.  Any additional filing fees required under 37 C.F.R. 1.16.												
	patent ap	1 /	essing fees under		l.17.							
Reg. No. 37,424 Gifford, Krass, C 280 N. Old Wood Birmingham, MI Tel. 734/913-9300	ward Ave 48009	e., Syite 400		• .	on first class ma Assistant Co 20231	8 - ill und ommis	OD ler 37 C.I ssioner 1	with the F.R. 1.8 for Pate	fee is being ne U.S. Posta 3 and is addre ents, Washir	I Service as essed to the ngton, D.C.		
CC: Typed or								Sheryl L. Hammer ted Name of Person Mailing Correspondence				